## DECLARATION FOR UTILITY PATENT APPLICATION (37 CFR 1.53)/POWER OF ATTORNEY

Gianni Candio

My residence, mailing address, and citizenship are as stated below next to my name.

First Named Inventor: Application Number : Filing Oate :

As a below named inventor, I hereby declare that:

Group Art Unit Examiner Name \_\_\_\_\_Attorney Docket Number: \_\_\_\_BONNP42 Declaration Submitted with Injust Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

the specification of which					
is attached hereto.					
Was field on 03/03/ Number PCT/EP/2009/		Y: as U.S. Applicator inded on <u>08/39/20</u>			
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hereby obtain foreign priority inventor's or plant breeder's accomby other than the United foreign application for patient liting date before that of the	nghis certificate(s), or 3 5 States of America, lists , inventor's or plant bres	65(a) of any PCT inse ed below and have sit ader's rights certificate	mational application so identified below, t	that design by checking	rated at least the box, a
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hereby appoint Thomas M. transacs all business in the U	inited States Patient and ence to: IP S 12 <sup>1</sup> Suit Ash 828.	Trademani Öffice on TRATEGIES 1 Wall Street 18 1 eville, Rorth Carolin 253.8608	nnected therewith.	tion identifia	ed above.
vizeosAagoooss  i hereby appoint Thomas M transact all business in the L Please direct all correspondi  i hereby declare thet all state and helid are believed to be fallemental, and the files on the falle bilderments may proper NAME OF SOLE OR FIRS	initied States, Perent and social to:  IP S 12 7 Suit S 25 8 826. 826. sments made beroin of a true, and further that it in did are smill action to the side are smill action to the side are smill action to the side are smill action by of the significant by the side are smill action to the side are smill actions.	Frademark Office on TRATEGES 5 Wall Street is 1 e-ville, Rorth Carolin 233,8600 253,8620 fez my over knowledge ar see sistements wers fine of imprisonment, polication or any pare	nnected therewith.  a 28801  a true and that all as made with the know	sternents m	racie on inf

Date

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Country

State

Via Scaranto, 6

Street Address

Lonigo (VI) City

Inventor's Signature

Residence:

or Mailing

Address

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		Given Name(s)	Family Name or Surname
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NAME OF T	HIRD INVENTOR:	Andrea Given Name(s)	Tonin Family Name or Surnem
Hur	Lea Train		carries or our conte
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